

## CTAG Faculty Panel Nominations

**You may use this survey to nominate up to two different panel members. To nominate more than two panelists, please submit a separate survey form.**

**Please contact Nikki Wearly at [nwearly@highered.ohio.gov](mailto:nwearly@highered.ohio.gov) with any questions.**

1. Tell us about yourself:

Name

Institution

Title

Email Address

Phone Number

2. Please provide the name and contact information of the nominated faculty:

Name

Email Address

Phone Number

3. For which panel(s) are you nominating the faculty?

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative and Professional Support                 | <input type="checkbox"/> Early Childhood Education and Development (Birth – Age Five)                      |
| <input type="checkbox"/> Air Transportation                                      | <input type="checkbox"/> Entrepreneurship  |
| <input type="checkbox"/> Animal Science and Management                           | <input type="checkbox"/> Exercise Science  |
| <input type="checkbox"/> Engineering Technology<br>-CNC<br>-Engineering Graphics | <input type="checkbox"/> Health Information Management   |
| <input type="checkbox"/> Food Science  | <input type="checkbox"/> Industrial Power Technology   |
| <input type="checkbox"/> Horticulture  | <input type="checkbox"/> Media Arts/Interactive Media/Graphics/ Visual Design and Imaging (combined panel) |
| <input type="checkbox"/> Natural Resource Management                             | <input type="checkbox"/> Medical Management Support  |
| <input type="checkbox"/> Construction Technology                                 | <input type="checkbox"/> Programming   |
| <input type="checkbox"/> Cybersecurity   | <input type="checkbox"/> Supply Chain Management Technology  |

4. Would you like to nominate another panel member?

- ☐ Yes
- ☐ No

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5. Please provide the name and contact information of the nominated faculty:

**Name**

**Email Address**

**Phone Number**

6. For which panel(s) are you nominating the faculty?

- |  |   |
|--|---|
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